PTO/SB/17 (12-04v2)
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Effective on 12/08/2004.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL**

for FY 2005

Complete if Known				
Application Number	09/427,388			
Filing Date	10/26/99			
First Named Inventor	K. Grimes, et al.			
Examiner Name	Kevin C. Harper	. <u> </u>		
Art Unit	2666			
Attaman Daalast Na	BCA 89 086			

Applicant claim	s small entity	status. See 37 C	FR 1.27	Art Unit	2666		
TOTAL AMOUNT O	F PAYMENT	(\$) \$200.00		Attorney Docket No.	RCA 89,086		
METHOD OF PAYMENT	check all that appl	(y)					-
Deposit Accoun				Deposit Account Na		HOMSON LICENSIN	IG INC.
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	ny additional i	fee(s) or underp	ayments of		•	•	<b>3</b>
fee(s) under ( WARNING: Information			Credit card in	formation should not t	ne included on	this form. Provid	le credit card
information and authori	zation on PTO-	2038.					
FEE CALCULATION							
1. BASIC FILING, SE	ARCH, AND E			CH FEES	EVAMINA	TION FEES	
		mall Entity	SEARC	Small Entity	EXAMINA	Small Er	ntity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue Provisional	300 200	150 100	500 0	250 0	600 0	300 0	
Piovisional	200	100	U	U	U	U	
2. EXCESS CLAIM FI	EES					Small E	
Fee Description	dina Daissuss				<u>Fee</u>	<del>)</del> (\$)	<u>Fee (\$)</u> 25
Each claim over 20 (inclu Each independent claim	-	Reissues)			200	1	100
Multiple dependent claim		,			360	1	180
Total Claims		a Claims	Fee (\$)	Fee Paid (\$)		Itiple Depende	
- 20 c HP = highest number of t	or HP = otal claims paid	x for, if greater than 20	<del>.                                      </del>	·	Fee	<del>)</del> (\$)	Fee Paid (\$)
Independent Claims	Extr	a Claims	Fee (\$)	Fee Paid (\$)	•		
4 - 3 o	r HP = 1 ndependent clair		200.00 =	200.00			
3. APPLICATION SIZ	E FEE						:
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 =		/ 50 =	(rour	nd <b>up</b> to a whole num	ber) x		_ =
4. OTHER FEE(S)  Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							
Caron (o.g., rate ming							
SUBMITTED BY					<del></del>	-	

1	SUBMITTED BY	SUBMITTED BY						
l	Name (Print/Type)	Registration No. (Aftorney/Agent)	26,932	Telephone	609-734-6818			
l	Signature	It Il Kudsle		3/9/05				

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is destinated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DI NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**PATENT** RCA 89,086 US

Serial No. 09/427,388

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

K. Grimes et al.

Serial No.:

09/427,388

Filed:

October 26, 1999

Title:

AN ADAPTIVE TRANSPORT PROTOCOL DECODER

Group Art Unit: 2666

Examiner:

Kevin C. Harper

Customer No.: 24498

#### **RESPONSE TO NON-FINAL REJECTION**

Mail Stop Fee Amendment Hon. Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Communication mailed December 29, 2004, please amend the above-identified application as follows:

## **Listing of Claims:**

The Listing of Claims begins on Page 2.

#### Remarks:

REMARKS begin on Page 7.

Please charge the fee of \$200.00 for a fourth independent claim, added by this amendment, and any additional fees which may be due, to Deposit Account No. 07-0832.